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COUNTY COUNCIL OF BERWICK.



ANNUAL REPORT

ON THE

Health and Sanitary Condition
of the County and Districts,

BY

ANDREW A. MCWHAN,

M.B., B.Sc., D.P.H.

MEDICAL OFFICER OF HEALTH.

YEAR 1922.

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COUNTY OF BERWICK.

Report by the Medical Officer of Health,
for the Year 1922.

*To the Scottish Board of Health ; to the County
Council of Berwick, and District Committees
thereof.*

My Lords and Gentlemen,

In conformity with the requirements of the Local Government (Scotland) Act, 1889, Section 53, the Public Health (Scotland) Act, 1897, Section 15, and the Regulations of the Scottish Board of Health, I have the honour to submit to you my Report on the Health, Vital Statistics, and General Sanitary Conditions of the County of Berwick and its several Districts for the year 1922.

I am,

My Lords and Gentlemen,

Your obedient Servant,

ANDREW A. McWHAN.

County Offices,

Duns,

21st September, 1923.

Annual Report by Medical Officer of Health.

The Board, in virtue of their powers under Section 15 of the Public Health (Scotland) Act, 1897, hereby call upon every Medical Officer of Health of a District of a County, or of any part thereof, to prepare annually a Report with regard to his district for the year ending 31st December. The Report shall contain :—

- a.* A general account of influences and conditions injurious or dangerous to the health of the district, and of the measures that in his opinion should be adopted for its improvement.
 - b.* A statement of the general enquiries he has made during the year, and of any special enquiries as to sanitary matters.
 - c.* A general statement of any matters as to which he has given advice or granted certificates, including any action as to offensive trades.
 - d.* A specific account of the administration of the Factory and Workshop Act, 1901, in workshops and workplaces, in terms of Section 132 of that Act. Special attention is directed to the Board's Circular of 14th November, 1921, regarding Sections 61, 97-100, 109, and 110 of the Act.
 - e.* An account of any proceedings under the Housing (Scotland) Acts, 1890-1920, dealing specifically with (1) the sufficiency and habitability of working-class dwellings, (2) any scheme under consideration or contemplated for the improvement of insanitary areas under Parts I. and II. of the Housing of the Working Classes Act, 1890, and (3) the action taken where instances of overcrowding have been ascertained or suspected.*
 - f.* A statement showing whether any conditions have arisen, or are expected to arise, pointing to the expediency of a town-planning scheme for the proper control of further development.
 - g.* An account of the presence or absence of pollution of rivers or streams in the district, the sources and nature of any such pollution, and any action taken to check it.
- N.B.**—Where the Medical Officer of Health has been designated by the Local Authority as the Officer who is to act under Article 1 (3) of the Housing (Inspection of District) Regulations, 1910, the information required in the form of Report issued with the Board's Circular of 15th December, 1922, shall be sent direct to the Board, whether he includes the same information in his Annual Report or not.

- h.* An account of the hospital accommodation available for persons suffering from infectious disease in general, and smallpox in particular (including the means provided for the conveyance of such persons), and of the houses of reception, with observations on the furnishing, maintenance, administration, and adequacy of such accommodation, etc.
- i.* An account of the premises with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.
- j.* An account of the action taken to prevent the outbreak and spread of infectious disease.
- k.* A statement of any action taken (a) for the control of acute primary pneumonia, acute influenzal pneumonia, malaria, dysentery, and trench fever, under the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations (Scotland) 1919, and (b) with regard to "carriers" under the Public Health (Infectious Disease Carriers) Regulations (Scotland) 1921.
- l.* A statement of the facilities available for the treatment of persons suffering from venereal diseases, with recommendations as to any further measures that might usefully be taken for dealing with these diseases in the Local Authority's area.
- m.* A statement as to the causes, origin, and distribution of diseases within the district, and the extent to which the same have depended on or have been influenced by conditions capable of removal or mitigation.
- n.* A statement of the measures adopted for the administrative control of tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority. (In cases where this work is being undertaken by the County Council in terms of Section 41 (3) of the National Insurance Act, 1913, the information under this heading should be given by the County Medical Officer).

- o.* A statement of the arrangements made under the scheme of maternity service and child welfare.
- p.* A report on the working of the Notification of Births Act, 1907. (This applies to areas where a scheme of maternity service and child welfare has not yet been carried into operation).
- q.* Observation on the wholesomeness of the milk produced within or imported into the district, and on the general adequacy of the arrangements for the supply and distribution of milk of pure and wholesome character ; also on the administration of the Dairies, Cowsheds, and Milkshops Orders, and the Milk (Scotland) Order, 1921 ; and any action taken as to tuberculous milk, whether under local Acts or under the Dairies, Cowsheds, and Milkshops Orders.
- r.* An account of the work done under the existing arrangements for the inspection of meat at slaughterhouses, shops, and elsewhere, observations on unsound food, food inspection, and the sanitary condition of premises where foods are manufactured, prepared, stored, or exposed for sale, indicating any important respects in which existing powers have been found inadequate for dealing with insanitary conditions in such places.
- s.* A report on the work done by the Local Authority under the Sale of Food and Drugs Acts, and under the Sale of Food Order, 1921, with observations on any special questions which have received or require attention.†
- t.* An account of any proceedings under the Rag Flock Act, 1911.†
- u.* A tabular statement, in such form as the Scottish Board of Health may from time to time direct (1) of the cases of infectious disease notified in the district, and (2) of the infantile mortality within the district.

† Information under these headings is required only in cases where the Medical Officer of Health or Sanitary Inspector has been appointed Sampling Officer under these Acts.

Arrangement of Report.

In former years the first part of my Annual Report dealt with features and statistics which were of common interest to the County and each of the three districts was subsequently treated in a section by itself. For 1922 it has proved much more convenient to deal with the districts in the general part of the report.

Board of Health Circulars.

During the year circulars were issued by the Board of Health on the subject of enquiries into Food Poisoning, and the use of Botulinus Anti-toxic Serum, concerning the means of obtaining which all medical practitioners were notified.

On 9th March the Minister of Agriculture and Fisheries issued the Foot and Mouth Disease (Amendment) Order of 1922, and the Scottish Board of Health supplemented the Order with a circular.

Conditions for the Certification and Registration of Health Visitors were issued; a circular was issued regarding the filling up of the returns on river pollution required by the Board, and on 9th September a circular was issued on the Milk and Dairies (Amendment) Act of 1922.

Population of the County.

TABLE A.—Population of County and Districts.

Population of	{	East	Middle	West	Total Landward
		District.	District.	District.	Area of Berwick County
Census 1901 ..		9364	8648	6011	24,023
Census 1911 ..		9017	8365	5705	23,087
Census 1921 ..		8893	7723	5380	21,996

Density of Population.

The area of Berwickshire, exclusive of the Burgh, is 291,732 acres or 455.83 square miles. The average densities according to last census are 0.075 persons to the acre or 48.2 to the square mile.

Births and Birth Rate.

The number of births in the three districts of the County during 1922 to those mothers whose place of residence was usually within the County was 478

The birth-rates for the census years of 1901 and 1911 and for the succeeding years have been as follows :—

TABLE B.—Birth-Rates, Berwickshire, 1901, 1911-1922.
(Corrected for Transfers).

Year.	East District.	Middle District.	West District.
1901	24.3	21.0	19.5
1911	19.4	17.1	21.2
1912	20.2	18.3	19.0
1913	19.2	18.3	19.4
1914	17.3	18.1	19.9
1915	17.4	17.9	17.9
1916	19.6	18.2	18.5
1917	15.9	14.6	14.5
1918	15.6	17.0	15.4
1919	15.8	16.8	16.2
1920	20.4	23.2	22.2
1921	19.5	20.8	18.0
1922	16.8	19.0	15.6

Marriages and Marriage Rate.

TABLE C.

	East District.	Middle District.	West District.	Coldstream Burgh.	Eyemouth Burgh.	Lauder Burgh.
Number of Marriages	43	37	37	6	17	13
Rate per 1000 of estimated population (uncorrected)	4.8	4.8	6.8	4.6	6.7	2.6

Deaths and Death-Rates.

Table D shows the number of deaths registered within the various districts, and for the landward area of the County ; it also shows the number of deaths transferred from the places of their occurrence to those of the usual places of residence of the deceased, and the resulting corrected figures.

TABLE D.—Number of Deaths, showing number of transcripts

	East District.	Middle District.	West District.	Coldstream Burgh.	Eyemouth Burgh.	Lauder Burgh.
Number of Deaths Registered ..	105	99	59	31	27	13
Number of Deaths Transferred Out ..	1	4	1	3	—	1
Number of Deaths Transferred In ..	20	8	11	1	5	3
Number of Deaths Corrected—Both Sexes	124	103	69	29	32	15
Death-rate (corrected for transfers and adjusted for age and sex distribution)	12.0	11.8	11.6	18.0	12.5	15.3
Death-rate, Phthisis (corrected for Transfers) ..	1.33	0.77	0.00	0.00	0.40	0.00
Death-rate, all Tuberculosis (corrected for Transfers) ..	1.77	0.77	0.18	0.00	0.79	0.00
Death-rate, principal Epidemic Diseases (corrected for Transfers) ..	0.00	0.26	0.18	0.00	0.00	0.00

The majority of deaths transferred to the County occurred in hospitals at Edinburgh, Asylum at Melrose, and Kelso Poorhouse.

Infantile Mortality.

The following table shows, in form similar to those presented above, the infantile mortality rates (number of deaths under one year per 1000 births) in the three districts from the year 1911.

TABLE E.—Infantile Mortality, Berwickshire, 1911-1922.

Year.	East District.	Middle District.	West District.	Eyemouth Burgh.	Coldstream Burgh.	Lauder Burgh.
1911	80.0	83.9	49.5			
1912	109.8	39.2	64.8			
1913	96.0	68.0	66.0			
1914	68.0	63.0	66.0			
1915	41.0	57.0	105.0			
1916	110.0	35.0	72.0			
1917	30.0	62.0	66.0			
1918	54.0	53.0	50.0			
1919	54.0	47.0	72.0			
1920	54.0	45.0	71.0			
1921	46.0	93.0	52.0	83.0		222.0
1922	39.0	61.0	59.0	78.0	37.0	0.0

Causes of Death (Corrected for Transfers).

TABLE F.

	East District.	Middle District.	West District.	Coldstream Burgh.	Eyemouth Burgh.	Lauder Burgh.
Enteric Fever	0	0	0	0	0	0
Typhus Fever	0	0	0	0	0	0
Smallpox	0	0	0	0	0	0
Measles	0	1	0	0	0	0
Scarlet Fever	0	0	0	0	0	0
Whooping Cough	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Influenza	5	3	1	1	1	0
Enecephalitis Lethargica ..	0	1	0	0	0	0
Cerebro-spinal Meningitis ..	0	0	0	0	0	0
Other Epidemic Diseases ..	0	0	0	1	0	0
Tuberculosis of Respiratory System	12	6	0	0	1	0
Tuberculous Meningitis ..	1	0	0	0	0	0
Tuberculosis of Intestines and Peritoneum	1	0	0	0	0	0
Other Tuberculous Disease ..	2	0	1	0	1	0
Malignant Tumours	16	11	13	5	7	1
Rheumatic Fever	0	0	0	0	0	0
Meningitis (not Cer., Spin., or Tubere.)	0	1	0	0	0	0
Apoplexy	11	14	5	3	1	3
Heart Disease	15	10	14	4	5	5
Diseases of Arteries	4	2	1	0	0	0
Bronehitis	5	4	3	0	2	1
Pncumonia (a'll forms) ..	6	9	4	8	1	1
Other dis. of Respiratory System	2	0	0	1	0	0
Diarrhoea and Enteritis (under 2 years)	0	1	1	0	0	0
Appendicitis	0	0	0	0	0	1
All Diseases of Liver (not Malignant)	1	2	1	1	0	0
Nephritis, Aeute and Chronic	5	4	1	1	5	0
Puerperal Sepsis	1	0	0	0	0	0
Other Dis. and Ace. of Preg. and Parturition	1	1	0	0	0	0
Dis. of Early Infaney, and Malformations	6	3	2	0	3	0
Suicide	0	0	1	0	0	0
Other Violent Deaths ..	2	6	3	2	0	0
Other Defined Diseases ..	25	21	18	2	4	3
Causes Ill-defined or Unknown	3	3	0	0	1	0
All Causes ..	124	103	69	29	32	15

Notifiable Infectious Disease.

Table G shows a summary of the cases of infectious diseases notified.

TABLE G.—Summary of Notifications—1922.

			East District.	Middle District.	West District.	Landward part of County.	Burgh of Coldstream.	Burgh of Lauder.	Burgh of Eyemouth.
Typhoid or Enteric									
Fever .. ..	..	..	1	0	0	1	0	0	1
Typhus Fever .. ..	..	..	0	0	0	0	0	0	0
Smallpox .. ..	..	..	0	0	0	0	0	0	0
Scarlet Fever .. ..	..	..	14	3	5	22	1	5	3
Diphtheria .. ..	..	..	1	2	3	6	1	0	2
Erysipelas .. ..	..	..	2	0	1	3	1	0	1
Puerperal Fever .. ..	..	..	1	0	1	2	0	0	1
Cholera .. ..	..	..	0	0	0	0	0	0	0
Relapsing Fever .. ..	..	..	0	0	0	0	0	0	0
Continued Fever .. ..	..	..	0	0	0	0	0	0	0
Cerebro Spinal Fever .. ..	..	..	0	0	0	0	0	0	0
Ophthalmia									
Neonatorum .. ..	..	..	1	0	0	1	0	0	0
Tuberculosis .. ..	..	..	22	19	3	44	1	1	4
Malaria .. ..	..	..	0	0	0	0	0	0	0
Influenza .. ..	..	..	0	0	0	0	0	0	0
Pneumonia—									
Acute Primary .. ..	..	..	3	11	1	15	0	0	0
Influenzal .. ..	..	..	5	0	3	8	0	0	2
Chickenpox .. ..	..	..	13	5	0	18	0	0	14
Encephalitis—									
Lethargica .. ..	..	..	0	1	0	1	0	0	0
Anthrax .. ..	..	..	0	0	0	0	0	0	0
			—	—	—	—	—	—	—
			60	40	16	116	4	6	28
Cases removed to									
Hospital .. ..	..	..	21	12	7	40	43	5	4

Non-Notifiable Infectious Disease.

No record of non-notifiable infectious cases coming to the knowledge of the Public Health Department has been kept since 1914.

Infectious Disease Notified since 1913.

The number of cases of infectious diseases, notifiable and otherwise, notified each year since 1913 is shown in the following tables.

TABLE H.—Infectious Diseases since 1913 in County area.

	Scarlet Fever.	Enteric Fever.	Erysipelas.	Puerperal Fever	Diphtheria.	Tuberculosis	Malaria.	Ophthalmia Neonatorum.	Cerebro-Spinal Fever.	Polio-myelitis.	Influenza.	Acute Influenzal Pneumonia.	Acute Primary Pneumonia.	Encephalitis Lethargica.	Anthrax.	Chickenpox.	TOTAL.
1913	- 50	7	15	0	64	30	0	0	0	0	0	0	0	0	0	0	166
1914	- 163	0	14	2	31	42	0	0	0	3	0	0	0	0	0	0	255
1915	- 88	5	15	1	28	44	0	0	0	0	0	0	0	0	0	0	181
1916	- 65	2	7	0	50	36	0	0	0	0	0	0	0	0	0	0	160
1917	- 84	2	5	0	16	48	0	0	2	0	0	0	0	0	0	0	157
1918	- 46	0	13	0	18	64	0	1	1	0	0	0	0	0	0	0	143
1919	- 23	2	8	0	34	53	1	3	4	0	2	10	1	0	0	0	141
1920	- 27	1	13	1	27	46	0	4	3	0	0	3	29	0	0	0	154
1921	- 56	0	5	1	21	38	1	2	2	0	0	4	14	1	1	20	166
1922	- 31	2	5	3	9	50	0	1	0	0	0	10	15	1	0	32	159

Infectious Diseases Death-Rate.

Table I gives the number of deaths from certain infectious diseases.

TABLE I.—Deaths from Infectious Disease, Berwickshire. 1922.

	East District.	Middle District.	West District.	Landward part of County.	Burgh of Coldstream.	Burgh of Lauder.	Burgh of Eyemouth.
Influenzal Pneumonia	2	0	0	2	0	0	0
Primary Pneumonia ..	1	1	0	2	0	0	0
Puerperal Fever ..	1	0	0	1	0	0	0
Tuberculosis	13	6	0	19	0	1	1
Encephalitis Lethargica	0	1	0	0	0	0	0
	<hr/> 17	<hr/> 8	<hr/> 0	<hr/> 24	<hr/> 0	<hr/> 1	<hr/> 1

Inspection of Factories, Workshops, Laundries, Workplaces, and Housework.

	East District.	Middle District.	West District.	Lander Burgh.	Coldstream Burgh.	Eyemouth Burgh.	TOTAL.
Inspections	37	32	25	8	24	100	226
Notices served under Section 2 (3) of Factory and Workshop Act, 1901	—	—	—	—	—	—	—

Housing.

Since 1911, I have hesitated to condemn houses as unfit for habitation, as Berwickshire is an under-housed county, and much difficulty is experienced by working people—as well as others—in obtaining houses at all. Under Section 30 of the Housing of the Working Classes Act, I have only represented 31 as being absolutely uninhabitable, and of that number only one has been closed.

Nearly all were represented on account of dampness, some, in addition, for defective lighting or ventilation.

For the year in question only two houses were represented ; both were in the East District, and both belonged to the Board of Agriculture. On 6th January I wrote the Board of Agriculture direct regarding the house on No. 9 Holding on Foulden estate, and only because no notice was taken did I represent it to the East District Local Authority on 21st July under Section 30 of the Housing of the Working Classes Act as in a state so dangerous or injurious to health as to be unfit for human habitation. The house has no damp-proof course ; the paper in many cases was peeling off, and in one room a pail had to be placed to catch the drip from the roof. There was, further, no earth closet, and for nearly two months previous to my representation there was no water supply. The other house was a house at Lamberton Toll, which was extremely damp, and was in a more or less ruinous condition.

Practically all old houses are damp, and could be represented for that reason alone. A damp house quickly gets into a

dilapidated condition, rarely looks well or feels comfortable, and is expensive to maintain and fire. Dampness is the real reason why so many working people with houses of several rooms live and sleep in the kitchen. It is the room least damp and most comfortable, because most fired.

The most general cause of dampness is the want of a damp-proof course, but occasionally it is due to disrepair, as in the following case :—

“ during the rain storm they had to put a wash-tub in one bed and basins in the other to catch the rain. Their night attire and bedding were soaking—it is a single apartment.”

Excluding structural defects, much difficulty and discomfort arises when large families have to go into one and two apartment houses, particularly when there is a total lack of all conveniences. I will quote from a letter :—

“ Mrs. A. is expectant this month, and only a one apartment house with 7 inmates ; likewise Mrs. B., also expectant, with 6.

“ In one of these 4-apartment houses—no sanitary conveniences—occupied by Mrs. C., they have had to put wash-tubs in their beds ; during a heavy rain the roof lets in. In another—attic house—occupied by D.E., Mrs. E. is at present suffering from Phlegmasia Alba Dolens after confinement. There are four children, little or no fresh air penetrates this apartment. More than once during the week Dr. F. had to give a narcotic to allow this poor woman to obtain sleep. On a corner of the room stands a box on which is placed the drinking water, and beside the box stands the dirty pail, which is the only sanitary convenience the family use.”

“ After giving an enema to my patient I was asked to put the result in the ash-pail. I refused ; they assure me that it is their only means of getting rid of it.”

“ I believe a good many families also employ the same method, so many houses have not even a dry closet.”

“ I believe the maximum increase was added to the rents of these houses last year.”

“ Opposite here, G., 4 adults and 4 children live in a one apartment house. H., next door, 2 adults and 3 children in another of the same. The conditions are appalling. I shall be deeply grateful if you can get improvements done.”

In my school report for the year ending July, 1921, I reported :—

“ Many mothers, however, labour under excessive difficulties through the want of the ordinary conveniences of life. One house I visited recently consisted of a single apartment in which dwelt two adults and six young children. The water supply was outside, and there was no water closet or earth closet at all. The room was dark, and had no conveniences of any kind.”

I referred last year to the effect of these small overcrowded dwellings on the spread of tuberculosis, but they spread equally well all classes of infection, whether tuberculosis, sore throat, scarlet fever, pneumonia, or verminous conditions and skin diseases.

The quotation from the nurse's letter vividly depicts the conditions after a confinement, but such houses are no place for any confinement.

The main desiderata for a habitable dwelling are :—

- (1) that it should be dry ;
- (2) that it should have large windows which are made to open, and that there should be no dark corners ;
- (3) that there should be effective food storage accommodation ;
- (4) that there should be a convenient water supply and means of drainage ;
- (5) that there should be a privy.

A comparatively small percentage of the houses in the County would conform with such a specification, although the houses on the Ladykirk and Mertoun estates are models for the whole country.

So far as the agricultural population is concerned, the constant removals do not make for a high standard in housing, and the custom of plastering a fresh wall paper on the top of

perhaps a dozen old ones is not only insanitary, but is a speedier way of inducing dilapidation than any other single cause. The houses on the Ladykirk estate with their bare plastered walls stand out in contradistinction to this prevailing custom.

Infectious Disease Administration.

During the year a motor ambulance was purchased by the Millerton Hospital Joint Committee, and is now in service, and arrangements were made to send home by car direct from Gordon Hospital children (or adults) when difficulty for financial reasons would be experienced in fetching them home in such a manner as not to prejudice their recovery.

By request, a statement—see Table L.—of the cases admitted to hospitals in the County is inserted.

On 11th August a letter was received from the Board of Health suggesting that for reasons of economy Millerton Hospital might be closed and patients from the East District and Eyemouth taken to Gordon.

I was instructed by the East District to prepare a statement showing how the suggestion would affect costs.

Enquiry showed that the standing charges of a fever hospital, *e.g.*, salaries, wages, fuel, repairs, rates and taxes, constituted the bulk of the expenditure, and that these charges continued whether the hospital was full or empty. It further showed that the additional cost of treating East District and Eyemouth patients at Gordon for the financial year 1921-22 would have been about £19 7s. 7d. for medicines, £211 2s. 10d. for provisions, and £100 for extra medical and nursing help. Had that sum been added on to the £1,209 18s. 9½d. which Gordon Hospital cost for the same financial year, then the resultant of £1,540 9s. 2½d. might be taken as the cost of Gordon for that year if it had served the entire County. As it was, Millerton Hospital cost £950 2s. 10d., so that the cost of the two hospitals together was £2,160 1s. 7½d.

The allocation of these sums is interesting. Prior to 1921 all the Public Health areas of the County were on a more or less equal footing, but with the erection of a Tuberculosis Pavilion at Gordon Hospital by the County Council, and by payment to the Hospital Committee by the County Council

on a bed patient day arrangement, the tuberculosis bed patient days were so much greater than the fever bed patient days that the County Council paid the greater part of the upkeep of the hospital, for the financial year 1921-22 no less than £829 14s. 1½d. out of the total expenditure of £1,209 18s. 9½d. The small remainder was then allocated amongst the original partners in the Gordon Hospital, while the East District and the Burgh of Eyemouth not only paid all the cost of their own hospital, but found their proportion of the County Council's £829 as well. The same applies to the ambulance services. The following extract from the report will prove of interest.

	Cost of Millerton Hospital (including ambulance charges for 1921- 1922).	Cost of Gordon Hospital (including ambulance charges for 1921- 1922).	Estimated cost of Gordon Hospital, had it been the sole Hospital for the County for the financial year, 1921-22 (including ambulance charges
East District ..	£866 18 4		£293 8 1½
Middle District		£146 5 0	306 3 5
West District ..		102 4 10	206 7 0
Coldstream Burgh		11 11 2	32 8 1½
Duns Burgh ..		25 5 9	50 0 9
Eyemouth Burgh	220 0 4		50 19 10
Lauder Burgh ..		8 19 7	16 13 7

Combination would, therefore, financially benefit the East District and the Burgh of Eyemouth; all the other partners would find their contributions practically doubled, while the County as a whole would save about £600 yearly.

I give below a summary of the present position as regards hospital treatment for infectious diseases :—

Millerton Hospital admits—with exceptions—only scarlet fever and diphtheria cases.

Gordon Hospital admits any infectious case for which it has room, and has treated such uncommon diseases as Dysentery and Malta Fever. It also treats tuberculosis in a special pavilion.

Smailholm Combination Hospital treats cases of smallpox.

The Royal Infirmary of Edinburgh admits and treats Venereal Disease cases.

The City Fever Hospital, Edinburgh, admits the grave but less common infections such as cerebro-spinal fever, acute encephalitis lethargica, puerperal fever, and ordinary infections requiring operation. Cases of puerperal fever are now sent in by the Child Welfare Committee, and a 50 per cent. grant is payable on such expenses by the Board of Health.

East Fortune Sanatorium admits all classes of tuberculosis, although until it is fully opened, cases will require to be sent to Noranside, Hairmyres Colony, and Southfield.

The position as regards the administrative control of infectious disease has, therefore, entirely changed within the last ten years.

Ten years ago the official infectious diseases were those named in the Infectious Diseases (Notification) Act of 1889, of which the commonest were Scarlet Fever, Diphtheria, and occasionally Typhoid, and the only hospitals in which they could be treated were Millerton Hospital and Gordon Hospital.

The list of infectious diseases has since been much extended, and for the year 1922 reference to Table I. will show that out of 26 deaths from infectious disease, only one death was on account of a disease notifiable under the 1889 Act. All the others were on account of diseases added.

It is obvious, therefore, that with the lessening of the relative importance attributed to Scarlet Fever and Diphtheria, or, to be more correct, with an increasing sense of the infectivity and danger of diseases such as Consumption, Cerebro Spinal Fever, Syphilis and Gonorrhoea, etc., the administrative importance which formerly attached to the local hospitals has now passed to central institutions for a wider area, on account of the laboratory and other specialist facilities possessed by them, the lessened cost, and because with the modern motor ambulance a central hospital for a wide area can be reached both quickly and with comfort.

All the border areas are now partners in the Border Combination Smallpox Hospital, and it seems difficult to understand why for the purposes of isolation and treatment of scarlet fever, diphtheria, and typhoid, combination could not also

be effected. Apart from the two hospitals owned by the County, Berwickshire is ringed round with fever hospitals on its very borders. In the north there is one at Dunbar ; in the west, two at Galashiels and Melrose ; in the south, at Kelso ; and in the south-east, at Berwick-on-Tweed.

No fewer than 13 Committees in this County have some say in the administrative control of infectious disease, and there is no question but that more combination would result in more effective co-operation, increased efficiency, and reduced cost.

For instance, had it been possible to send all the cases of infectious disease, excepting tuberculosis, treated in Millerton and Gordon Hospitals during 1922 to the City Fever Hospital, Edinburgh, and had they been paid for at the Corporation's charge for Cerebro-Spinal Fever and Puerperal Fever, the total cost for the year would only have been £587 5s.

TABLE L.—Statistical Information regarding Patients in Millerton and Gordon Hospitals for year 1922.

Millerton Hospital.

—

Gordon Hospital.

Number of Patients in Hospital at midnight on 31st December, 1921 :—

Scarlet Fever	..	..	2	Tuberculosis—			
Diphtheria	..	..	1	Pulmonary	..	5	
				Non-Pulmonary	..	1	
							—
				Total	..	..	6

Admitted in year 1922 :—

Scarlet Fever	..	..	13	Scarlet Fever	..	..	9
Diphtheria	..	..	2	Diphtheria	..	..	4
Puerperal Fever	..	..	1	Measles	..	..	1
				Tuberculosis—			
				Pulmonary		13	
				Non-Pulmonary		2	
							—
							15
							—
							29

Discharged in 1922 :—

Scarlet Fever 15	Scarlet Fever 7
Diphtheria 3	Diphtheria 4
Puerperal Fever 1	Measles 1
	Tuberculosis—
	Pulmonary 8
	Non-Pulmonary .. 4
	— 12
	—
	24

Number of Patients in Hospital at midnight on 31st December 1922 :—

Scarlet Fever 2
Tuberculosis—
Pulmonary 7
Non-Pulmonary .. 1
— 8
—
10

Deaths :—None.

Bed-patient Days :—

Scarlet Fever 671	Scarlet Fever 490
Diphtheria 49	Diphtheria 72
Puerperal Fever 13	Measles 10
	Tuberculosis—
	Pulmonary .. 1545
	Non-Pulmonary 668
	—
	2213
	—
Total 733	Total 2785

Note.—The day of admission and the day of discharge are counted as one day.

Smallpox and Vaccination.

All the local authorities of my area are members of the Smailholm Smallpox Hospital Combination.

In the case of an emergency, free vaccination can also be arranged for in all areas without delay, and supplies of lymph obtained from the Board of Health.

So far as exemptions from vaccination are concerned, in the East District 16 were exempted out of 160 births; in the Middle District 13 were exempted out of 154 births; in the West District 5 out of 85; there were no exemptions in the Burgh of Coldstream; 1 exemption out of 10 births in Lauder, and no fewer than 27 out of 53 births in Eyemouth.

Treatment of Venereal Disease.

No authority in the County has framed any scheme for the diagnosis, prevention, or treatment of Venereal Disease. A number of persons suffering from these diseases have found their way to the Venereal Disease Clinie at the Royal Infirmary of Edinburgh, who have either gone of their own accord or have been sent by medical practitioners. At any rate a number of accounts were sent to local authorities for treatment of Berwickshire cases at that centre which I was unable to verify. In one case the Scottish Board of Health was asked if the accounts could be verified, and the Board replied that all information obtained in regard to any person treated under an approved scheme was treated as confidential, that the name and address of any patient could not be disclosed by the clinical Medical Officer, so that it would be impossible for any authority to verify any account. The Board further stated that in their opinion, if an authority made no provision for diagnosis, treatment, and prevention of venereal diseases as required by the Public Health (Venereal Diseases) Regulations (Scotland), 1916, then the Authority must accept responsibility for the treatment of any patients from their area who, through the absence of any local facilities, were compelled to resort to the Edinburgh Centre.

Administrative Control of Tuberculosis.

The cases of pulmonary and non-pulmonary forms of tuberculosis notified for the various areas during the year 1922 are as follows :—

TABLE K.—Summary of Notifications of Tuberculosis for 1922.

	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Both Pulmonary & Non-Pulmonary	Total Cases
East District ..	14	5	3	22
Middle District ..	12	6	1	19
West District ..	2	0	1	3
Burgh of Coldstream	0	1	0	1
Burgh of Eyemouth ..	2	1	1	4
Burgh of Lauder ..	1	0	0	1
Burgh of Duns ..	1	1	0	2
	32	14	6	52

The tuberculous cases known to be resident in the County (with the exception of Duns) at the end of 1922 numbered 195, of which 113 were cases of pulmonary, 77 of non-pulmonary tuberculosis and 5 of both forms. The figures quoted represent the known number, not the actual number, which is much greater.

During the year, 21 deaths from tuberculous disease occurred in the three districts and the four burghs of which 15 were ascribed to pulmonary tuberculosis, 3 to non-pulmonary tuberculosis, and 3 to both.

During the year 6 patients received domiciliary treatment and 38 institutional treatment, while 1 received both. In Gordon Hospital were treated 21 patients; in Noranside Sanatorium, 12; in Hairmyres Colony, 8; in East Fortune, 1; in Southfield Colony, 1; and in the Royal Hospital for Sick Children, 1.

The Health Visitors paid 244 domiciliary visits, including 40 visits to discharged sailors and soldiers, and they made 8 journeys to hospitals or sanatoria with patients, escorting in all 9 patients.

Turning to the consideration of the Tuberculosis Scheme itself, at the outset of the year domiciliary treatment had already been discontinued by the County Council. On the 23rd January, 1922, the Scottish Board of Health wrote to the County Council pointing out that beyond the transfer of administrative responsibility from the Insurance Committee to the Council, the termination of Sanatorium Benefit under the National Insurance Acts had not made any such material alteration in the conditions affecting the treatment of tuberculosis as to cause any departure from the County Council's scheme as submitted to and generally approved by the Local Government Board, and that in order that the Council's Tuberculosis Scheme might continue to have the approval of the Board for the purposes of the regulations affecting the distribution of the Tuberculosis Maintenance Grant, as approved by the Treasury, it should provide that any cases at home requiring treatment, and not otherwise receiving reasonably adequate treatment, would be afforded it by the County Council. The Board further pointed out that the Block Grant payable on the termination of sanatorium benefit under the Insurance Acts was only made payable on the understanding that the Council would carry out the purposes for which the Grant was made available, including the provision of domiciliary treatment.

The Scottish Board of Health followed up their letter by sending down Dr. Currie, one of their medical inspectors, to interview the Joint Medical Officer Committee on the 17th April. Dr. Currie, on his visit, went very fully into the whole subject of domiciliary treatment, showing its relative position in the complete scheme for the treatment of tuberculosis. Dr. Currie also stated that he had been instructed by the Board to put before the meeting the question of further medical assistance for the Tuberculosis Scheme, and gave details of the result of an enquiry made by himself and another medical officer from the Board of Health in 1920, from which they calculated that in addition to the time required in pre-war days, 110 additional days of medical work were required in connection with the Tuberculosis Scheme for the County of Berwick*, and he intimated that as a result of that enquiry

*The two medical inspectors made a complete investigation into the amount of time which would be required, and they considered that

the Board were of opinion that additional skilled assistance should be provided, to give proper attention to, and supervision of tuberculous cases, and he suggested for the consideration of the meeting that an arrangement might be made with Roxburghshire to share the services of their Tuberculosis Officer.

As a result of the interview with Dr. Currie, the Joint Medical Officer Committee recommended that a gross sum not exceeding £400 be expended for domiciliary treatment for the year from Whitsunday, 1922, it being understood that this expenditure is on the ground of humanity alone, and not from the point of view of curative treatment, and that the County Council should reconsider its attitude in regard to a part time Tuberculosis Officer.

The Council re-included domiciliary treatment as part of the scheme, but did not approve of the second part, so that the position of domiciliary treatment was left as it was.

As it is now ten years since the inception of the Tuberculosis Scheme, it will be of interest and value to turn back to my annual report for the year 1912, review what has been accomplished under the Tuberculosis Scheme during the interval, and contrast the position then with what exists now.

Prior to 1912 no steps whatever for the administrative control of tuberculosis had been taken in this County, and that year saw the issue of my special report on the whole question of the control of tuberculosis, a report on which the present scheme was based ; it was also the year which saw on 15th July the inception of sanatorium benefit under the Insurance Act ; and on 1st August, also, pulmonary tuberculosis became a notifiable disease, although in all the areas except the East District it had already been made notifiable on 1st January of that year.

in addition to all clerical help, for which an additional clerk had already been authorised by the Board, 366 days of medical work were necessary in the County of Berwick, allocated thus :—

88 days for public health ;
 110 days for tuberculosis ;
 48 days for child welfare ; and
 120 days for educational health scheme.

For the year 1912, out of 32 cases notified, 25 were in an advanced stage of the disease, and in my annual report for the same year I wrote :—

Sanatorium Benefit.

As practically all the cases notified were in an advanced stage of the disease, when recovery was hopeless, only one application for sanatorium benefit came from my areas. Treatment was too late, however, and the patient died in little over a month.

So far as this County is concerned, the efficiency of sanatorium benefit exists almost entirely on paper, and will probably remain so until the County tuberculosis scheme comes into operation, when definite measures will be adopted for the detection of early cases, capable of benefitting by such treatment.

Detection of Early Cases.

So long as the overwhelming majority of patients only comes to the knowledge of the Medical Officer of Health in an advanced condition, the medical and other treatment afforded by sanatorium benefit will be of no avail in arresting the disease in such individuals, and of little use in preventing the spread of the disease among the people generally.

For arrest of the disease in the individual, the disease must be recognised and notified at a very early stage, even where only suspected, and before an accurate diagnosis can be made. By the time a definite diagnosis of pulmonary tuberculosis is possible the patient has lost his best chance of recovery.

Early recognition is equally important from the preventive as well as the curative standpoint, as every case which recovers may mean one case less to become a late case, and, therefore, a source of infection to others. Means must be taken to search out the early cases.

On notification of any case the house should be visited in the same manner as cases of scarlet fever and diphtheria, to note the origin of the disease, possible contacts, and suspected cases, and to take steps to prevent its further spread. As in infectious diseases such as those mentioned, we look for other cases to be infected in the members of the same family, and in others who have been in contact with the patient. They should, therefore, be examined as a routine procedure, and not only examined, but kept under observation for some considerable time.

It is important that the house be kept under observation, as in a disease of such insidious onset definite symptoms may not show themselves for some time.

At that time we were only dealing with lung consumption (pulmonary tuberculosis, or phthisis), and it was realised quite

clearly then that any scheme for the prevention of tuberculosis had to take into consideration the urgent necessity of early diagnosis if the scheme were to be a success, and the Council's scheme then did make such provision.

From 1st July, 1914, not merely pulmonary tuberculosis but all forms of tuberculosis became notifiable, and this addition particularly complicated the tuberculosis scheme, as not only did the Council's scheme not include non-pulmonary tuberculosis and made no institutional provision for it but that (unlike pulmonary tuberculosis, which spreads largely by human infection) it was due in the great majority of cases to milk infected with the bovine type of tubercle bacillus, and prevention resolved itself into a pure milk supply from healthy non-tuberculous cows.

For the full period, 1912-1922, for all the districts and burghs of the County, 522 patients suffering from tuberculosis were notified or otherwise brought to knowledge.

Out of that number, 387 patients suffered from pulmonary tuberculosis, of whom 12 had some form of non-pulmonary tuberculosis in addition, and 135 suffered from non-pulmonary tuberculosis alone. With about 200 cases of tuberculosis resident in the County and only a fraction of time available for keeping in touch with them, accurate knowledge as to their after histories is not possible.

Out of the 387 pulmonary cases, however, 50 are known to have left the County, and out of the 337 remaining, 232 are known to be dead.

Of the 232 who died, the exact periods between notification and death are known in 212 instances; 91 died within the first three months, and 88 from the fourth month to the second year.

Out of the 135 non-pulmonary cases, only 15 are known to be dead, a contrast which shows the great difference between the two types of tuberculosis, the one type with a high death rate of its late cases; the other, essentially crippling and deforming in its nature.

Of these numbers, 83 pulmonary cases, of whom 57 are known to be dead, and 8 non-pulmonary cases, of whom 3 are dead, received treatment in hospital or sanatorium. Of the

83 pulmonary cases, 31 also received some measure of home treatment, and also 5 out of the 8 non-pulmonary cases. Other 68 pulmonary cases and the 14 non-pulmonary cases also received home treatment. That is to say, 17 per cent. of all cases received institutional treatment, with or without home treatment, while 15 per cent. received home treatment alone. Comparison may be made with the review* I gave in my 1920 report of the work of the Insurance Committee in connection with sanatorium benefit.

Coming now to the year 1922, we find that out of the 50 cases of tuberculosis brought to my knowledge only 29 were notified by practitioners, and out of the remaining 21 the existence of 12 was brought to knowledge after death through the death registration system. Out of 25 patients who died during 1922 from some form of tuberculosis, no fewer than 17 were notified after death or within two months of death, and of that number 12, as has already been said, were notified after death.

These figures and the financial figures of my 1920 report give striking corroboration to my words of 1912. They point out clearly and unmistakably the necessity for early diagnosis.

The Tuberculosis Scheme may be a humanitarian scheme, but the first intention of the original scheme was prevention, in other words, to relegate tuberculosis to the place now occupied by smallpox, typhoid and typhus fevers. Had the scheme as it stood in 1913 been gone on with there would to-day have been a marked difference in the results of the scheme, and that

*Altogether 150 patients were treated, almost solely for the pulmonary form of tuberculosis. Of these 150 patients, in 15 the disease may said to be arrested, the whereabouts of 15 is unknown, 71 are dead, and in 49 the disease is still in progress.

Turning to the financial side of treatment, the total sum spent on treatment by the Committee—as far as can be traced—was £5,213 7s. 7d. Of this sum, £151 7s. 3d. was spent on administrative expenses, or in charges which could not be allocated to any particular case. Of the remainder, the 15 arrested cases cost £552 19s. 4d., the 71 dead cases cost £1,982 5s. 3d., the 49 cases in whom disease was still in progress cost £2,238 0s. 1d., and the 15 cases now unknown cost £288 15s. 8d.

In all these cases treatment followed notification by the general practitioner, and was on the lines recommended by him in his report on the case.

would have been particularly apparent in the annual cost of the entire scheme, as the treatment of a late case of tuberculosis may run to hundreds of pounds, while holding up a bed for months, and even years.

The experience of the past ten years has shown two things very clearly.

Out of the 105 cases of consumption notified in the last three years, in no fewer than 70 cases the patient or his friends dated the onset of the tuberculous condition to pleurisy, debility, pneumonia, or influenza.

One cannot get away from the inference that if all the cases suffering from these conditions which did not make a clear recovery were looked upon as possibly having a tuberculous focus, a certain proportion would certainly receive earlier treatment, and have a correspondingly better chance for life.

The other point is the great importance of a sound set of teeth and a healthy mouth. The majority of the patients notified have their mouths and teeth in such an unhealthy condition that the consequent loss of bodily resistance has in many cases at least been a contributory factor to the tuberculous condition. Dental treatment should therefore be one of the first steps in treatment, as it not only gives the patient a much better chance but tends to shorten the period of treatment.

Maternity and Child Welfare Scheme.

For the year 1922 the work of the Central Committee covered educational services, provision of food and milk and medical treatment for mothers and children under 5 years of age.

Personally, I regard the work of this Committee as the most important of all the preventive agencies in force in the County. It deals with the future school children and the future citizens of this country at a time when the beginnings of disease may be averted, and when sound hygienic habits may be inculcated.

Even in school children, young though they be, it may be too late to remedy defects. A squinting eye which started to

squint at three years of age may have grown straight at 13, but what of that when the sight of the eye has gone ?

Good habits also, if not learned in infancy, will later not be learned at all or only learned with the greatest difficulty. "As the twig is bent the tree inclines" and accordingly from the first day of life the child should be trained to regular feeding, cleanliness, and sleeping, on which physical basis, sound mental and character habits may afterwards be grafted, such as self control, self reliance, and self discipline, the possession or want of which may make or mar the child when he grows up.

What a child is taught by habit and learns by imitation from his father and mother and those around him during the first seven, and particularly the first five years of his life almost invariably determines his after life. Solomon's advice is of more value to-day than ever, "Train up a child in the way he should go ; and when he is old he will not depart from it."

The mother is therefore the most important factor, and the child welfare movement, if it does not reach her, and the child through her, will fail. The education of the mother is the primary aim of Child Welfare ; all other lines of action are subsidiary.

The extensive nature of the services rendered by the Child Welfare Committee will be seen from the following summary :—

1. - Educational Services.

- (a) The number of visits paid to homes by the seven district Child Welfare Visitors and the two Health Visitors numbered 6,335. The advice and help given at these visits was varied and appreciated.
- (b) The Child Welfare Centre at Coldstream started in November, 1921, was carried on successfully throughout the year through the kindness of the Rt. Hon. the Earl of Home, who provided the room, firing, and lighting ; and the Committee of Coldstream ladies, who provided the apparatus and the working expenses. During the year 11 meetings of the Centre were held, with a total attendance of 116 children with their mothers. The meetings were held on the first

Wednesday of each month, when the babies were weighed and the mothers got what advice they required. No doctor is at present in actual attendance at the Centre, but all children requiring medical attention were referred to the Coldstream doctors, who gave in many ways most valuable help.

After the babies were weighed and the mothers' questions answered, tea was served at a charge of 2d., and a short general talk was then given. Special talks were given by Dr. Mary Menzies, of the Scottish Board of Health; and by Miss Turnbull, a social welfare worker from New York.

This Centre is doing excellent work in Coldstream, and every credit is due to those ladies who take such an interest in it.

- (c) Other educational work undertaken included six classes in Mothercraft for Schoolgirls at Ayton and Coldstream, and three lectures to women under the auspices of the Women's Rural Institute. A special series of evening lectures at Coldstream was also arranged for, and three of them given in 1922.

In the year also the Scottish Board of Health, in a letter addressed to the Central Committee, expressed their particular appreciation of the excellent voluntary work which was being done at the Child Welfare Centre at Coldstream, and at the various Mothercraft Classes held throughout the country. It is a matter of the greatest regret that this class of work has to be so limited.

2.—Provision of Food and Milk.

A second sphere of the work lies in the provision of Food and Milk to necessitous children under 5 years of age, and to nursing and expectant mothers.

During the year 1922 :—

4 expectant mothers ;
10 nursing mothers ;
40 children

were granted food and milk under this scheme. Of this number no fewer than 33 were resident in Eyemouth. The Grant of Food and Milk has been a very great boon to those who have

received it. The difference in some of the children is very marked, having transformed them from pale and puny subjects into healthy and normal children. Given to nursing mothers it has meant the ability to keep the baby on the breast, a result which is well worth some expenditure. In this respect also, the moral encouragement embodied in the knowledge that someone was interested in helping her to do so, has greatly helped.

The chief difficulty in this branch of Child Welfare work lies in the scattered nature of the County and the distances apart of the cases. Therein lies, I think, the real explanation that Eyemouth figures so largely in the cases relieved. Eyemouth is small and compact, and the urgently necessitous cases are known.

3. Hospital and Treatment Facilities.

Further, a third sphere lies in the treatment to those mothers and children unable to get it in the ordinary way.

Twelve children were brought up for examination by Dr. Sym, who treated by ordering glasses or otherwise. The majority of these suffered from squint, and it cannot be too emphatically stated that with this trouble all hope of cure lies in getting cases as soon as the squint appears, long before school days have begun.

This arrangement was made in connection with the treatment scheme made by the Education Authority.

Three other children were treated by operation in the Sick Children's Hospital, while one has been for two and a half years in the Crippled Children's Home, Edinburgh.

One maternity case was removed to the Maternity Hospital, Edinburgh, but was sent immediately to the City Fever Hospital on account of puerperal fever.

Other three cases of confinement were sent to the Maternity Hospital owing to the fact that home conditions were quite unsuitable. One of these, who had no very definite home, was cared for in a Salvation Army Home for nine months after she left the Hospital, and has since done well.

Detailed as above, the total number of cases who received relief in one form or another numbered 73 during the year 1922.

Midwives (Scotland) Act, 1915.

Under Section 23 of the above Act, the Medical Officer of every local supervising authority shall report annually to that authority on the administration of the Act within the district of the local authority, and he shall transmit a copy of such report to the Central Midwives Board, and to the Local Government Board for Scotland. This has already been done.

The midwives or maternity nurses employed in all districts of this County are almost entirely on the staff of the Berwickshire Nursing Association, which also supplies the District Nurses, with the exception of the nurse for one area. No case of unqualified practice has been brought to my notice.

Blind Persons Act.

25 persons are in the card index register as blind persons ; 3 of those are of school age, of whom 2 are in the Royal Blind Asylum at Edinburgh, and the third is waiting a vacancy.

Milk Supplies.

During the year the Milk and Dairies (Amendment) Act, 1922, was passed, under which the Milk and Dairies (Scotland) Act, 1914, is not to come into operation before 1st September, 1925, and the actual date when that Act is to come into operation is to be fixed by the Board. The Act also changed the system of registration of purveyors of milk and made permanent provision for the sale of at least four grades of milk ; it prohibits the addition of colouring matter, etc., to milk, and prohibits the sale of tuberculous milk. It enables the Board of Health to make regulations prescribing standards for dried and condensed milk, and for the labelling or marking of receptacles or tins of dried, condensed, skimmed, or separated milk. At the end of the year was issued the Milk (Special Designations) Amendment Order (Scotland), 1922, too late to be taken advantage of by any farmer.

The only action taken during the year was on 18th May, 1922, when owing to an outbreak of Foot and Mouth Disease at Bogangreen Onstead, Coldingham, I notified the farmer that he must not allow milk to be sold for human food.



